

# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIX.

WEDNESDAY, JANUARY 31, 1849.

No. 27.

### REPORT OF THE U. S. SURGEON GENERAL TO THE SECRETARY OF WAR.

SIR,—The duty of making the annual report from this bureau again devolving upon me, I have the honor to submit a statement of the fiscal transactions for the year ending the 30th of June, together with some remarks upon the affairs generally of the medical department of the army to the 30th of September of the present year.

The amount of the appropriations for the medical and hospital department remaining on the 30th of June, 1847, was—

In the hands of disbursing agents	\$1,232 26
In the Treasury of the United States	37,748 10
Add to this, amount appropriated per act 2d of March, 1847,	150,000 00
Amount appropriated per act 29th of March, 1848,	64,500 00

Total	\$253,480 36
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Of this sum there has been expended, on account of pay

and other claims of private physicians	\$23,433 55
On account of medical supplies, &c. &c. &c.	146,902 12
Leaving in the hands of disbursing agents	10,510 00
And in the Treasury of the United States	72,634 69

Total	\$253,480 36
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During the war with Mexico, medical and hospital supplies of every kind have been, as far as practicable, regularly furnished to the army at home and abroad, but at an extraordinarily increased ratio of expense.

The expenditures for medicines, surgical instruments, hospital stores, bedding, &c. &c., from the 30th of June, 1847, to the 30th of June, 1848, the close of the fiscal year, amount to, as already stated, the sum of \$146,902 12; and judging from the large number of claims daily coming in upon us *since*, some of them of more than doubtful legitimacy, we shall have to pay many thousand dollars more, before we can get rid of the responsibilities imposed upon us by other persons than the agents of the medical department of the army. Ample supplies of medical stores were regularly provided by the medical purveyors at New York and New Orleans, and forwarded to the main depots of the

several army corps operating against Mexico. A large amount of these stores, however, were lost at sea (\$14,398 worth in one vessel, for instance), while other portions were damaged or destroyed on the coast, in the transfer from the shipping to the shore.

Again, in consequence of the want of transportation, or the limited means of transportation furnished, added to the interrupted communication between the troops in the field, and the depots on the seaboard, no inconsiderable amount of the medical supplies were lost, damaged, or destroyed on the road.

These heavy losses at sea and by land, together with the waste of the stores among new troops and those under a constant change of position, brought about the necessity of purchasing medicines, &c., in the enemy's country, at very extravagant prices, thereby swelling the expenditures of the medical department of the army greatly beyond the sum which would have met the requirements of the service under ordinary circumstances.

The amount of claims of private physicians, settled up to the close of the last fiscal year, is pretty considerable; but this, I apprehend, is only a moiety of what is to be paid, for physicians were employed by almost every independent military commander at will, until all responsibility ceased, or control over the matter was lost.

The existence of war brings about a forced state of things, and leads to abuses of privilege and of power, and extravagancies of every kind, which cannot always be resisted or prevented; so that we shall have to set down the excess of our ordinarily limited disbursements with the heavier expenditures of other branches of the military service, as the unavoidable results of a state of war.

I essayed to prepare, as usual, a tabular abstract from the quarterly sick reports received at this office; but finding that the returns from many of the corps were so imperfect that no reliable statistical information could be derived from them, I had reluctantly to abandon the idea of presenting a report upon the sickness and mortality of the army during the past year.

Since the last annual report, two medical boards for the examination of applicants for appointment to the medical staff of the army, have been convened in the city of New York; the first on the 27th of October, 1847, and the second on the 1st of May, 1848.

By the last of these boards, Assistant Surgeon J. W. Russell was examined; and having fully come up to the standard of professional merit required, he was accordingly recommended for promotion.

Before the two boards 138 candidates were authorized to present themselves for examination, 48 of whom only reported to the board.

Of the number who reported, 10 withdrew, 2 were found to be physically disqualified, and 36 underwent the examination; end of these last, 10 were approved and recommended for appointment.

From the approved candidates, four were regularly taken up as vacancies occurred; when the act of Congress, approved July 19th, 1848, prohibited any further vacancies being filled in the medical department of the army.

Since the passage of that act, 1 Surgeon and 2 Assistant Surgeons have died, and 2 Assistant Surgeons have resigned—leaving the army without the *necessary* services of 5 medical officers.

I should be wanting in my duty to the army and to the government, were I not to say here, that the 2 Surgeons and 12 Assistant Surgeons, authorized by the act of Congress of the 11th of February, 1847, as additional to the medical staff of the army, are essential to the good of the service.

Previously to the commencement of hostilities with Mexico, the number of forts and other military stations occupied by troops was 56 (a few of them requiring the services of two physicians), and these were provided with medical aid from a corps consisting of 20 Surgeons and 50 Assistant Surgeons.

At the present time, the military posts already occupied by troops, and those about to be established in Texas, New Mexico, Oregon and California (some of them requiring 2 or 3 medical officers, perhaps) will reach the number of 85 or more; all of which will have to be provided with medical aid from the same number of medical officers as before, if the proviso to the third section of the act of Congress of the 19th of July, 1848, is continued in force.

That the medical staff of the army, consisting of 20 Surgeons and 50 Assistant Surgeons, were insufficient to furnish the necessary medical aid to the troops occupying but 56 posts, may be inferred from the number of private physicians who were then employed; and if the 70 Surgeons and Assistant Surgeons were inadequate to the wants of the army at that time, it is manifest that the same number of medical officers cannot meet the requirements of the service now, when the military force is to be spread over a vast extent of country, occupying 35 or more new stations.

Under the conviction, then, that the medical staff of the army cannot be reduced below the number of 22 Surgeons, and 62 Assistant Surgeons, without manifest injury to the service, I do most earnestly recommend that the proviso to the third section of the act of Congress, approved 19th of July, 1848, be, as far as the medical department is concerned, repealed.

Almost all the officers of the medical staff, whose services were not essential at other points, have been employed with the several army corps operating against Mexico; and whether serving in hospitals, at depots, or with troops in the field, they invariably acquitted themselves faithfully of all their obligations to the army and to the government.

The Surgeons and Assistant Surgeons, immediately attached to corps in the field, not only bore their full measure of the toils and the privations, but also participated largely in the dangers of the service; for in each and every conflict they were exposed to the shafts of the foe—the same as were their brethren in arms of the line of the army.

All of which is respectfully submitted.

November 15, 1848.

THOMAS LAWSON,  
Surgeon General.

[In the Journal of November 22, some account was given of the recent case of hydrophobia in Lowell, and the hope expressed that a more full report would be furnished for the Journal. Nothing further having been received, we copy the following report from the Ohio Medical and Surgical Journal, edited by Professor Butterfield, formerly of Lowell. Some additional particulars respecting the symptoms will be found in it, as well as a statement of the *post-mortem* appearances.]

#### CASE OF HYDROPHOBIA.

BY AENOR H. BROWN, M.D., LOWELL, MASS., PROF. OF MATERIA MEDICA IN THE BERTSHIRE MEDICAL INSTITUTION.

As the pathology and treatment of hydrophobia are still unsettled, it may not be entirely useless to put on record the following case, though its history is very similar to that of many others. It is only by the study of individual cases that we can arrive at a correct knowledge of this, or any other disease, and the more of such cases, accurately described, that we have, the better opportunity they will afford for comparison and generalization.

On the 29th of July last, William H. Bardwell, aged 18 years and 9 months, was bitten by a dog which had been brought into the auction shop of Shapleigh & Farrington, for the purpose of being sold. The dog escaped and was not heard of afterwards. The wound was inflicted on the right arm, about two inches above the wrist-joint; the teeth penetrated through the skin on each side of the arm, though the wound was considerably deeper and wider on the anterior surface than on the other. The wound was dressed by a physician soon after it was inflicted, but, singularly enough, neither excision of the part, nor the application of caustic, was resorted to. It healed readily, and the affair was apparently forgotten, though it is said that young Bardwell expressed to a friend some apprehension of the dreadful fate which actually impended over him.

On Sunday, November 5th, he complained of pain in the head, back, and especially in the shoulder of the arm which had been bitten. On Monday he was about, as usual, though still complaining of the same symptoms. Tuesday morning, feeling no better, Mr. B. applied to Dr. J. W. Graves for medical advice. At this time there was the same pain in the head, back and shoulder; pulse slightly accelerated; tongue partially coated with a white fur, but there was nothing to indicate serious disease. He was directed to use the warm bath, and to take some gentle cathartic. This he did with apparent relief.

About 4 o'clock in the afternoon, however, while he was attempting to drink some water, a slight spasm came on. Dr. Graves was immediately summoned, and in the course of an hour or two, other physicians were with him. Their efforts to induce the patient to drink water uniformly brought on a spasm as often as they were repeated, and soon the most sceptical were satisfied that it was an unequivocal case of hydrophobia.

During the evening the spasms were neither frequent nor severe. The



earlier ones were a simple shuddering and drawing back at the taste, and even at the sight of water. In the intervals the patient made no complaint of particular pain or discomfort; his mind was perfectly clear, and he was fully conscious of his dreadful situation. After consultation, it was determined to try the effects of the inhalation of chloroform. The patient was easily brought under its influence, and so kept *during the entire night*. There was no return of the spasms, and nothing to indicate that a subtle and fatal poison was doing its terrible work in the system of the unconscious victim. Early the next morning, however, the quantity of chloroform which had been procured was exhausted, and no supply being immediately at hand, its effects soon passed off, and the patient became conscious again. From this time the spasms became more frequent and violent; they very closely resembled each other, but it seemed that every one was more terrible than the preceding. Sometimes there would be an interval of several minutes, and then two or three spasms would follow in quick succession. The convulsive, catching respiration, which a person exhibits who has been unexpectedly immersed in water, or subjected to the shower bath, bears a faint resemblance to the milder spasms of this man, in the early part of Wednesday.

The sight of water, the mention, or even the idea of it, a current of air, the touch of a cold hand, even the slightest cause, was enough to throw into convulsive action the diaphragm and all the muscles about the chest and neck. Various attempts were made in the course of the forenoon to administer the chloroform, but without avail. The cold which it produced by evaporation instantly threw the sufferer into frightful spasms. At this time the cicatrix of the principal wound appeared red and inflamed; the secretion of saliva also began to increase, and in a short time there was quite an abundant flow of frothy saliva and mucus.

About 11 o'clock the spasms seemed to have reached their height. At first they were confined to the diaphragm and the muscles of the neck; but now the whole body was involved. The united strength of several men was required to prevent him from injuring himself and others, and at length other means of restraint became necessary. The inhalation of chloroform was again proposed, and after a good deal of persuasion the patient attempted it. The first efforts were attended with violent spasms, but about noon its influence was fully established, and he became quiet, though not entirely unconscious. That a sufficient quantity of chloroform might be kept on hand, a person was sent to procure a new supply; but unfortunately, before his return, the attendants had used up all they had, and the patient relapsed again into his former condition. The spasms were violent and frequent, and were attended by loud crying and shouting. Most of the afternoon was spent in vain endeavors to bring him under the influence of the chloroform, and about 5 o'clock this object was accomplished; chloroform was freely inhaled for about an hour, when it was gradually withdrawn. There was no return of the spasms, and only slight efforts to move; his breathing and respiration resembled that of an apoplectic person. Towards the last, the discharges from the mouth became bloody. The whole amount of saliva and mucus dis-

charged was estimated by Dr. Curtis, who was very constantly with the patient, at eight or ten ounces. He continued in the state I have described till about 8 o'clock in the evening, when he quietly expired, 28 hours after the appearance of the first spasm, and 102 days after the wound was inflicted by the dog.

*Post-mortem Examination.*—The results of the examination of the body after death, were as unsatisfactory as they usually are in such cases. The *brain* exhibited appearances of active congestion; the vessels of the membranes were crowded with blood, and as the substance of the brain itself was sliced off, numerous bleeding points quickly appeared. The *spinal cord* seemed to be healthy. The mucous membrane of the *fauces, larynx, trachea and bronchia* was intensely inflamed. It appeared, as one of the physicians present said, as though a brush, dipped in red paint, had been drawn over the whole surface. Notwithstanding the abundant secretion of mucus and saliva, the parts, at the time of the examination, were quite dry. The *epiglottis* was considerably tumefied. No other abnormal appearances were observed.

We must conclude, with Dr. James Johnson, "that it cannot be denied, but that the most evident indications of inflammatory action attend the symptoms, and distinguish the pathology of hydrophobia; that we have often inflammation of the *œsophagus, pharynx and larynx*, and occasionally of the *brain and spinal cord*; yet it is generally admitted that these appearances are more the consequences than the cause of the disorder, and that although frequently present with, they are by no means essential to, the existence of hydrophobic action."

#### ERYTHEMATOUS STOMATITIS OF THE INFANT A CAUSE OF CRACKED OR CHAPPED NIPPLES IN THE NURSE.

BY H. R. FROST, M.D., PROFESSOR OF MATERIA MEDICA IN THE MEDICAL COLLEGE OF  
SOUTH CAROLINA.

AMONG the causes of cracked or chapped nipples may be mentioned the existence of erythematic stomatitis, with curd-like exudation in the infant. This affection occurs in the first months of infancy, and is by the nurses confounded with follicular stomatitis or aphthæ.

That this affection of the child is the cause of cracked nipples, the following facts will serve to illustrate. Mrs. ——— was confined ——— after a very favorable accouchement. She nursed her child for six weeks after its birth. At this time she was sensible of an increase of heat in the mouth of the child, and from a sense of soreness felt in the nipple at the time of nursing, began to suspect that the child's mouth was in an unhealthy condition. It was examined, and nothing unusual was observed. Nursing was continued, with an increase of the symptoms, when a further examination discovered this curd-like exudation. The sores of the nipple soon became augmented into painful excoriations with fissures or cracks of the part, causing such pain and distress in nursing that very reluctantly the mother was compelled to give the infant to be

nursed by another. The nurse, Rose, was quite well at the time, but at the expiration of a week she commenced suffering in like manner. The child was then taken from her and given to a hired nurse, who becoming sick from other causes, was, after a week's nursing, compelled to return him to Rose. In the interval Rose continued to suffer with a soreness, but upon the infant being returned to her she became much worse, and *her own child* began to suffer in a similar manner: that is, to be affected with an inflammation of the mouth, accompanied with this curd-like exudation.

Oct. 26th.—Rose's breast continues in a very painful state—nursing occasioning a great deal of suffering. Several remedies have been employed, and apparently with good effect, but every attempt at nursing inflicts new injury and interrupts the healing process.

The infant was now given to a healthy young woman from the country, whose child was said already to have had the thrush, without communicating any disease to the nipple. Upon nursing the child for a few days *she, too*, began to complain from the same cause. Upon examining the nipple it was evident that a chapped condition had commenced, and it was only by limiting the nursing of the child, by diligent washing with soap and water after each application of the child, and by the use of astringent remedies, that the disease was prevented extending itself.

It is thus apparent that in particular cases a diseased state of the mouth, and seemingly of a very slight character, may communicate such disease to the mother as to incapacitate her from performing a most pleasing and necessary duty to her offspring, and that the breast so affected may communicate the same disease to another infant applied to it.

The contagious character of this disease has been affirmed by some, whilst it has been denied by others. Baron and Billard deny its contagiousness, while other practitioners have known healthy infants to become attacked by sucking from the same breast with those affected with the disease.

I would not be understood as affirming that the serious consequences I have mentioned are capable of being produced in all cases—the contrary, I believe, is the fact; but cases do occur, though fortunately but rarely, in which a trifling disease may have the property of communicating a very painful affliction to the mother.—*Charleston Med. Jour.*

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#### IODINE AN ANTIDOTE TO THE VENOM OF THE RATTLE-SNAKE.

BY JAMES WHITMIRE, M.D., OF METAMORA, ILL.

I wish to say to the profession, through the North-Western Medical and Surgical Journal, that I believe iodine to be an antidote to the virus of the rattle-snake, and, in fact, the whole tribe of serpents.

My opinion, as to the antidotal property of iodine, has been confirmed by many cases that I could give from my case-book, in which I used the tinc. of iodine alone, with the effect of putting an entire stop to the

swelling and pain, in from 12 to 16 hours. I have used it in bites of the rattle-snake, viper and copper-head, on both man and beast, with complete success. My manner of using it is to paint the part that is bitten, and as far as the swelling extends, with three or four coats of tinct. (of pharmaceutical strength) twice daily; and should the swelling extend, which it almost always does after the first application, if made any time soon after the infliction of the wound, I follow it up with the paint. By the time the third application is made, the tumefaction will cease to extend, and three or four more applications will generally restore the limb, or part affected, to its natural state, save, perhaps, an obtuse sensibility to the touch, owing, perhaps, to the cuticle being destroyed, and some soreness of the muscles, which will remain a longer or shorter period.

A short history of my first acquaintance with this article may not be uninteresting to some of my readers. In June, 1846, I was reading a little work, by Dr. Guthrie, on the use of iodine in enlargements of the joints, goitre, &c., where its remedial virtues were ascribed to its tonic effect upon the capillary and lymphatic vessels of the part. During this time a lad rode up to my office door, and said that his brother had been bitten by a rattle-snake, and wished me to see him immediately. I had just entered upon the duties of my profession, and as a matter of course, to use a vulgar phrase, was stumped to know what to do for the boy. I had seen several cases of the kind, and some of them very troublesome ones, too, in which there had been used everything that had ever been recommended, both by the profession and the old ladies. So that it was doubtful in my mind whether there was any remedy that could be depended upon. I was satisfied that the immediate effect of the virus was a suddenly diffused, low grade of inflammation in the part in which it was injected, speedily extending its ravages until the whole system became a prey to its morbid influence; at which time fever, parched tongue, delirium, &c., followed in the train. The immediate contact of the virus with the capillary and lymphatic vessels of the part is no doubt the cause of the tumefaction that immediately comes on; the virus destroying natural tone. Either the above is true, or the swelling is produced upon the principle of *ubi irritatio ibi fluxus*. This process of reasoning led me to the trial of the tinct. of iodine. In about two hours from the time the boy was bitten, I saw him. He had received the wound about midway between the internal malleolus and the inferior portion of the os calcis; and the swelling had already extended to within three inches of the knee. There was severe pain in the part, nausea, and occasional vomiting. I proceeded to paint the foot and leg as high as the knee with four coats of the tinct. of iodine, and directed four more coats to be given at bed-time, and repeated in the morning. If the swelling extended above the knee, it was to be followed up with the paint. I then gave my patient a dose of Hoffman's anodyne, and a pretty active dose of Epsom salts, with directions to leave the leg uncovered the whole time, and took my leave. The next day the boy came to town, on horseback, to see me. The swelling had ceased to

extend about 12 o'clock in the night, and at this time had decreased very considerably. In three or four days he experienced no inconvenience from the bite, and went about his ordinary occupation. Since that time I have had numerous cases of the same kind, all of which have terminated equally well under the same treatment. It is my opinion, therefore, that the iodine being absorbed, comes in contact with the virus, and neutralizes it, at the same time giving tone to the engorged capillaries of the part, enabling them to empty themselves of their engorgement. And, if the wound has been inflicted so long that there is effused serum in the cellular tissue, from debility of the vessels, the tinct. of iodine is none the less applicable, as it will speedily promote its absorption.—*North-Western Med. and Surg. Jour.*

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#### A NEW TREATMENT OF CATARRH.

BY JOHN A. LOCKWOOD, M.D., SURGEON U. S. NAVY.

For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingly relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fulness and itching of the part.

The remedy consists in the application of a solution of nitrate of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily employ a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the tonsils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and *malaise* disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts affected to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the *Gazette des Hopitaux* for October, 1847, recommends snuffing up the nostrils every two hours a solution of opium in

water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of the nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.—*Amer. Jour. of Med. Sciences.*

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#### CHLOROFORM AND ITS DANGERS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The death of a patient in the New York City Hospital by chloroform, within the past week, will very probably be disastrous to the profession and the public, by being perverted into an argument against all use of this invaluable anæsthetic agent, thus bringing into temporary disrepute one of the noblest discoveries in the healing art, which has ever been developed. It is in this view only, that the case furnishes a theme for animadversion in the journals of the profession, for the possibility of so potent a remedy being fatal without great caution, must be obvious, and the same is true of morphine, prussic acid, and many other active agents which are in established and habitual use. Nor does the very rare occurrence of death from an accidental overdose of either of them, furnish any rational argument against their utility or safety, especially when it is known that some obscure idiosyncrasy may account for such untoward results, even when active remedies are given with the utmost caution, both as respects the dose and the pathological state existing at the time.

Still, however, the fatal case at New York should serve as an admonition, if any be needed, to the very discreet employment of chloroform by inhalation, at all times; but especially when, as in certain severe operations, its full effect is desired. Next to the judicious selection of the cases in which to employ this agency, in relation to which the profession are agreed, two things are important: viz., 1st. Never to allow the patient to inhale chloroform, without occasionally withdrawing it from the mouth and nostrils, thus permitting the inspiration of the atmospheric air at brief intervals; and this in view of the dangers of its continuous inhalation even for two or three minutes; and 2d. Always to watch the effects upon the pulse, for the purpose of instantly desisting from its use on any considerable failure either in its force or frequency. With these precautions, there need be no apprehension of any fatal or mischievous result in any patient, of any age, whose morbid condition is unaccompanied by local lesions of some vital organ; in which case, however, the use of chloroform is contraindicated. But without such precautions, this remedy, undiluted, is liable to be so rapid and violent in its action as to endanger life. And from a conviction of its occasional hazards, and the possibility of its proving fatal as seen in the rare examples which have occurred here and elsewhere, there are not a few

surgeons, who have abandoned this article, and prefer to rely upon the sulphuric and chloric ether, notwithstanding the slower and less perfect anæsthesia which often results, and this even at the risk of occasional failure to suspend sensibility to the desired extent, by these weaker articles.

A still preferable course, however, is pursued by others, who are unwilling to deprive their patients of the superiority they justly ascribe to chloroform, and hence they seek to remove its hazards by diluting it with ether, thus diminishing both its rapidity and violence, and as it is believed, after ample experience, annihilating all its dangers. The proportions of such dilution employed during the last year in the Bellevue Hospital, are equal parts by *weight*; or, what is the same thing, one part of chloroform to three or four parts of ether by *measure*. The mixture should be made extemporaneously at the time of using it, as it is otherwise liable to deteriorate. The same precautions are discreet, which have been advised in reference to the undiluted article, and with these, after extensive opportunities of witnessing the employment of this *mixture*, in surgical, medical and obstetrical practice, including several hundred cases, I am prepared to testify that no untoward result has followed in a single instance. So complete is the insensibility which has been produced by this agency, that in one example of amputation of the thigh, several days elapsed before the patient discovered that he had lost a limb; and he betrayed the most unaffected surprise when he realized the mutilation that he had suffered, the fact being revealed to him for the first time when it was proposed to dress the stump, which became necessary on the fifth day after the operation. In every case the insensibility to pain has been complete, and this state has been perpetuated, by the occasional repetition of the dose, when necessary, as in protracted operations. The quantity found sufficient has varied from half an ounce to two or three ounces of the mixture, and applied to the nostrils and mouth by a towel or sponge. In some instances the inhalation for four or five minutes has produced the full effect, as indicated by approaching stertor, with muscular relaxation; but in other examples, double and even triple this time has been called for. The effect usually passes off, and full consciousness returns, in from three to five minutes after the inhalation ceases; but this result may be hastened by sprinkling cold water upon the face. No unfavorable consequences, even of temporary character, have been observed to follow the inhalation, and it is rare that either nausea or coughing occurs to interrupt the process.

I regard it so important that no prejudice should be produced against the use of anæsthetic agents, by the recent disaster at the City Hospital, that I have written thus much in their defence, and at the same time suggested what I conceive to be the salutary and necessary precautions which the profession should adopt if they would disabuse the public mind, and protect these valuable remedies from being thrown into disrepute. If you concur with me in opinion that these brief hints



may be useful at this crisis, I may find time shortly to communicate more fully on the subject.

Respectfully yours,

New York, Jan. 22d, 1849.

D. MEREDITH REESE.

[We fully agree with our respected correspondent as to the injury that would accrue, both to the public and the profession, from the use of anæsthetic agents falling into disrepute on account of the occasional unfavorable results attending their administration. Every well attested means, therefore, for preventing these results, should be adopted. That recommended by Dr. R., in the above communication, and on which we trust he will soon treat further, appears judicious, and having the recommendation of his experience and approval, is certainly worthy the trial of others.—ED.]

#### FUNIS PRESENTATIONS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following, from my note-book, is at your disposal.

July 25th, 1846, I was called to attend Mrs. W——, in labor with her first child. On my arrival I was told the waters had discharged six hours previously, during the first pain, and on examination found the funis protruding from the vagina six or eight inches, unusually large, cold and pulseless. Of course I informed the friends the child was already dead, and that there was no occasion for haste. The head presented, and twenty-four hours after I delivered her with forceps, the child weighing fourteen pounds, and the cord measuring full four feet.

Dec. 20, 1847, I was again sent for to attend Mrs. W——, in labor. When I arrived I found the pains had been regular three hours, the membranes ruptured, and the funis lying in the vaginal passage, without compression, its pulsation being vigorous, and indications in general giving premonition of tedious labor. The anxiety of the mother to have a living child increased my efforts to save it if possible by manual interference. Speedy delivery she was told could be accomplished only by *turning*; and this, considering the great size of the child, and the uncertainty of saving its life by such operation, besides its consequent danger to the mother, was not recommended. I endeavored to keep the funis above the pelvic brim until the vertex was engaged, and full three hours did I sit by my patient and succeed in this attempt; but at last, when the head had become firmly impacted within the superior strait, the cord *would* slip down in spite of the most skilful management in my power. I then tried to relieve compression of the cord by passing my fingers up its side, at the same time administering a dose of ergot to hasten delivery, the head being too high up for the forceps. Life, however, became extinct in the child for hours prior to its birth.

Jan. 2d, 1849, a third summons brought me in obstetrical attendance upon Mrs. W——. As might be expected, she manifested much trepidation, owing to the unfavorable termination of her previous labors.



I soon ascertained that I had *another* funis presentation, the os uteri being fully dilated. I could easily feel the cord, coiled up, through the membranes, which were unusually dense and unyielding, and this inspired me with hope. As the pains were ineffectual, I gave her a large opiate and enjoined perfect rest, with a view to postpone expulsive uterine action, and avoid premature discharge of the waters until nature would be ready for prompt delivery. Six hours after, my patient was aroused from a quiet sleep by a "thundering pain," which ruptured the bag of waters, forced down the funis, and in the same moment gave birth to the child. Thus, in my attempts to gain a little credit by way of presenting the anxious mother with a living child, was I completely outwitted by nature herself. In all of the above cases the umbilical cord was of enormous length.

So far as I can learn, funis presentations are not common, and the practice to be pursued, in order to save the life of the child without injury to the mother, is unsettled. Smellie, Hamilton, Bard, and some later writers on tokology, recommend *turning*. Others, again, advise keeping the funis *above* the pelvic brim, until the vertex engages below it; but whoever has occasion to follow this procedure, will find it much easier to recommend it in books than to carry it out successfully in practice.

There is nothing worthy of record in the above account save the occurrence of three cases of this presentation successively in the same female, and the happy result of the third, attributable more to "good luck" than any particular management on the part of the accoucheur.

Birmingham, Ct., Jan. 19th, 1849.

A. BEARDSLEY, M.D.

#### CASE, WITH CHOLERAIC SYMPTOMS.—WHAT WAS THE DISEASE?

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I offer the following as an item for your Journal; not as a case very extraordinary in its symptoms, when prevailing under ordinary circumstances of *time* and *season*, but as one *out of season*, and without the usual distinctly-marked exciting causes. I proffer it, *now*, when the cholera is on the spread, and there is a fearful looking for it, throughout the land, as a *call* to my professional brethren to note and communicate the least suspicious circumstances in their daily practice, and as a kind of *watch-word*, to be ready.

I was called, on the evening of the 19th inst., to visit, in haste, W. J., of this town, who was represented as very ill, if not dying, having been suddenly and violently attacked, as if poisoned. During the day he had worked as usual, ate as usual, and been subject to no uncommon exposure; he walked home from his work, about sun-set, free from any symptom of disease, save a sense of coldness, and a want of appetite; but soon after was attacked with nausea, vomiting, purging and pain, with immediate prostration.

At about half past 9, I found him on his couch, writhing in agony,

his extremities and whole surface cold as ice, a cold sweat on the forehead, no pulsation at the wrist, vision clouded, spasm and pain, by paroxysms, most excruciating, and cramped (as he expressed it) from head to foot. Prescribed, 1st,  $1\frac{1}{2}$  teaspoonful, or (as afterwards ascertained by dropping) about 160 drops of tinct. opii in hot water; removed him to a warm bed; applied heat to the surface, by every means practicable, and friction constantly. At 10 o'clock, thirty minutes from giving the first, I repeated the laudanum, combined with tinct. peppermint. At half past 10 o'clock, paroxysms of pain and spasm less powerful and less frequent. Repeat one teaspoonful of laudanum, with half a teaspoonful of tinct. camphor combined. 11 o'clock, circulation improving, pulse more distinct, very thirsty. Gave him a small quantity of biscuit water, for drink; and fearing he might not retain on his stomach the laudanum (as he hitherto had done), I substituted, after the drink, about one fourth of a grain of sulph. morphia. At 20 minutes before 12 o'clock, he declaring himself to feel better, and evidently being better, I left him, with orders that he have a tablespoonful of solution of soda, with a little camphor, and 10 drops of tinct. opii to each dose, every one, two or three hours, according to the degree of pain, or as the symptoms might require.

On the morning of the 20th (the following morning) very comfortable, free from any unpleasant symptoms, save a slight dizziness in raising the head. Gave a tablespoonful of the neutral mixture every three hours, and an aloetic pill at night to restore the natural motion of the bowels.

21st.—Entirely relieved, and about the room.  
*Kingston, Plymouth Co., Jan. 22d, 1849.*

P. L. NICHOLS.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 31, 1849.

*Physicians for California.*—In the Knoxville, Tenn., Standard, it is mentioned that many medical men had left San Francisco for the gold regions, only one physician remaining in the place, who had an extensive business. Since the California epidemic began to prevail, we have been watching its influence on society generally, and particularly on certain classes in maritime and country towns. Physicians were at first almost invulnerable, but they have at last become infected. Numbers of them from the New England States have already sailed, and many more are seeking passages to that land of promise. For ourselves, we are glad that prospects so flattering are presented to the great numbers of medical practitioners which are annually turned out by the schools. But in less than a year, the same plethora is likely to exist in California that characterizes the old Atlantic States, should the chink of gold continue to entice them to that El Dorado. Several have been fortunate in securing passages from Boston and New York, as surgeons of the various ships which have sailed

for California; but when they reach Chagres, and other points of disembarkation, they must wend their way, like the untold multitude of insane adventurers, to the auriferous sands of the far off interior. Some will unquestionably be benefited pecuniarily by the voyage; others, beyond the patronizing reach of family or friends, will be worse for the change. Circumstances, peculiar to the anomalous condition of things, may elevate and also destroy or render useless the first order of medical talent. Disappointments, hardships, the vicissitudes of an untried climate, and the diseases that are naturally developed under the alternations of heat, cold, hunger, anxiety, and a thousand other circumstances that will characterize life under an aspect so new, surprising and exciting, are both to be expected and feared. One great good will result from this rapid emigration of young physicians to California, viz., the foundation which will thus be laid for the future elevated medical character of the country. A correct standard of medical excellence will be recognized by the numerous intelligent persons now on their way thither, who will give a tone to public sentiment, on this as well as on other matters of common interest. Medicine and operative surgery belong to an advanced civilization; and arguing, therefore, from the fact that the expeditions fitted out for California, have been distinguished, thus far, by the orderly organization of the parties, under leaders of known prudence, and acknowledged fitness for all contingencies in a strange country, where neither law, nor the usages of a well-regulated community are known, it is reasonable to believe that qualified practitioners of either of those branches will be highly appreciated. It is not too much to hazard the idea of the creation of a medical institution at a central position in California, at no very remote period, by some of our persevering New England physicians now on their way thither.

Though all physicians who may repair to the gold regions cannot be expected, in the nature of things, to return with fortunes, probably a few may realize their ardent hopes in that respect. We wish that all might secure the treasures they covet in the alluvial sands of the Sacramento. But alas! like the seekers for the same slippery article in the father land, all cannot be rich. Yet each one can be eminently useful. Those who are on the eve of their departure, and who may happen to cast an eye on this article, are hereby urged to recollect that their brethren at home reasonably expect that they will never lose sight of the honor of the profession.

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*Literature of the Cholera.*—So vast are the accumulations on the subject of cholera, in Europe and in this country, and from the first medical sources, too, of the age, that they constitute an entire new department, and may not inappropriately be denominated *cholera literature*. The treatises, published volumes, essays, theories, statistical memoranda, reports of sanitary boards, and communications to journals of medicine, are numerous beyond example. Were they all collected into volumes, the whole mass would rival in bulk the published documents of the American Congress. Lamentable to record, however, this mighty flood of scientific light has not checked the onward progress of the disease.

Our attention has been called to a series of admirably written papers on this subject, in the Knoxville (Tenn.) Standard, by F. A. Ramsay, M.D. Meritorious as they are, we must decline a re-publication of them in the

Journal. Had the manuscript been sent here at first, an insertion would have been cheerfully given.

*Memphis Medical College.*—At Memphis, Tenn., there is a new school of medicine, which seems to be gathering strength daily, if the documents that emanate from it are to be taken as evidences of its prosperity. A charter was obtained some years ago for a medical institution at Nashville, or a medical department of the University authorized, we do not distinctly recollect which; but, not having been organized, the Memphis college budded into existence, quite unexpectedly, and bids fair to exercise a wholesome and commanding influence. George H. Grant, M.D., Prof. of the Theory and Practice of Medicine, delivered an opening discourse on the 18th of November, which is both creditable to him and to the institution. The gist of the discourse consists in urging his pupils to labor incessantly, if they would excel; and with a view to offering the stimulus of encouragement, cites, from the records of history, illustrious examples of perseverance, resulting in the achievement of honor, usefulness, and distinguished renown.

*Homœopathic Treatment of Cholera.*—A pamphlet of twenty pages made its appearance in Boston, last week, by C. F. Hoffendahl, M.D., with the above title. He informs the public, in the preface, that this is the result of his experience in Germany, in 1831. He further says that the "utter failure of the *old school* treatment in Europe, where from one half to two-thirds of the patients have died, is acknowledged by the profession, and well known to the public; but the latter should also know, that according to the most authentic statistical accounts from Russia and Germany, the mortality, under homœopathic treatment, has nowhere exceeded ten in a hundred, and frequently been less; facts which speak volumes in favor of the latter, and ought to open the eyes of the public." Why is it that these extraordinary results so generally occur in places so remote from us as Russia and Germany? Medical men here claim to have the capacity of judging in such matters, and are not, therefore, very likely to be swayed by such wonderful accounts as are continually sent forth by the worshippers of strange gods.

Does this pamphlet show the author to be a homœopathic any more than an allopathic practitioner? Does he propose a single process, worth anything, not recognized and prescribed by those whom some would send to the inquisition, as old schoolmen, interfering with the rays of German light? On the last page are the following admonitory words—"In conclusion, I venture upon cautioning the younger members of our profession against the use of the high attenuations in so formidable a disease as cholera, which I feel myself competent to do after twenty years practice of the new method. These emanations of medical transcendentalism are well enough to amuse the fanciful theorist in his study, but should not be in the hands of the *practical* physician at the bedside, especially in diseases that threaten life." Here the true feeling of the heart leaks out. The doctor would be the last man in America to trust to intangible doses, to our apprehension, were he himself prostrated by a dangerous disease. We are not at war with individuals, but with the medical moonshine of the day, which is

prized by a certain part of society just in proportion to the distance between their own homes and Germany. Dr. Shew, of water-cure celebrity, is out with his decoy duck, too. For cholera, according to his unanswerable arguments, water, and water alone, is the infallible remedy! There is nothing like leather, said the tanner to the king, for defending a city!

*Lunatic Asylums in Massachusetts.*—Dr. Chandler's report to the Legislature, of the present condition of the Worcester Lunatic Asylum, and Dr. Stedman's annual report to the City Government of Boston, in regard to the one under his care at South Boston, have been received. Both institutions do credit to the medical gentlemen at the head of them. Insanity appears to be very much on the increase in this Commonwealth—and particularly among the Irish population. A separate hospital, especially for them, has been suggested.

In the Worcester Asylum, the number of patients at the beginning of last year was 394; admitted during the year, 261; whole number in the course of the year, 655; remaining at the end of the year, 409. The average number for the year was 404. The number of foreigners among the cases remaining at the end of the year, is 150. The discharges during the year have been 246—136 of whom were cured, and returned to their accustomed avocations and stations in society; 32 were partially restored to reason; 46 were incurable but harmless; 2 incurable and dangerous; and 30 deaths. With regard to further accommodations for the insane in Massachusetts, Dr. Chandler thinks such are needed, but that it would not be judicious much to enlarge the present hospital. If two institutions were established, he recommends a separation of the sexes, but suggests that three small hospitals, in different sections of the State, would be preferable. The number of rooms designed for dormitories in the present buildings is 360, which, it will be seen, is 44 less than the average number of patients the last year; yet the great majority of the insane in the State are not now supposed to be in any asylum.

In the Boston Lunatic Asylum, intended for the pauper insane, there were admitted during the last year, 86; remaining at the end of the previous year, 156; total 242. Discharged during the year, 54: viz., recovered, 30; improved, 6; unimproved, 1; eloped, 2; died, 15. In speaking of the causes of insanity, Dr. Stedman relates the following physiological phenomenon.

"A phenomenon of rather singular character seems to have been the origin, at least the proximate cause, of insanity in one of the patients. Her sister states, that, about two years ago, when 39 years of age, there suddenly sprang out upon her chin and upper lip a thick growth of beard; that her spirits were much affected by the circumstance; that she became more and more unhappy and mortified by her strange appearance, till at length she could not be persuaded to pursue her customary occupations. She was brought here, laboring under the deepest depression and melancholy, from which she still suffers. Her beard continues to grow, and she is shaved with the regularity of our male patients. I have not been able to learn, whether, at the time of this sprouting of the hair, the bodily health of this patient was peculiarly affected in any way."

In this institution, further accommodations are necessary for the furiously insane, and an enlargement of the building occupied by them is asked for.

*M. Orfila and the Paris Faculty of Medicine.*—A terrible quarrel or problem in the Paris faculty of medicine has just been happily adjusted. A few days after the revolution of February the new government thought proper to dismiss—abitrarily enough—Dr. Orfila, the celebrated toxicologist, who had been dean of the faculty for seventeen years. He had, in his zeal for the increase of the attractions and resources of the school, exceeded, in his official enterprises, the appropriations or credits by a sum of 28,000 francs. The councils of the University and the minister of public instruction acquitted him of all personal malversation, and paid compliments to his probity and the general value of his improvements and services. But his revolutionary successor would not countersign the official documents by which the government assumed the debts. Hence a fierce war of partisans, carried into all sorts of Journals. A commission, after eleven sittings, decided absolutely in favor of Orfila; and the successor, Bouillaud, was finally obliged to admit the insertion, in a solemn process-verbal, of a declaration by him that he never meant to cause it to be supposed that M. Orfila had, during his deanship, abstracted a farthing for his own benefit. The ex-dean has fought many a hard battle in relation to his opinions in medical jurisprudence, and his testimony concerning the presence of arsenic in dead bodies.—*Corres. Littell's Living Age.*

*Collodion for Filling Teeth.*—Mr. Robinson, an English dentist, practises thus with the new article:—I have frequently applied the collodion in severe cases of toothache, arising from exposure of the nerve, with perfect success, when no persuasion could induce the patient to submit to extraction, either with or without the use of chloroform or ether. The method I adopt is, to let the patient wash the mouth with warm water, in which a few grains of bicarbonate of soda have been dissolved. I then remove from the cavity any foreign substance likely to cause irritation. After drying the cavity, I drop, from a point, the collodion, to which has been added a few grains of morphia; after which I fill the cavity with asbestos, and saturate with collodion. Lastly, over this I place a pledget of bibulous paper. In a few seconds the whole becomes solidified, and forms an excellent non-conductor of heat and cold to the exposed nerve. By occasionally renewing this, I have been able to effect a more durable stopping than with gold.

*New York Academy of Medicine.*—Dr. Mott has been elected President of the Academy; and the following gentlemen have also been elected its officers for the present year:—Isaac Wood, J. R. Manley, Galen Carter, and Thomas Cock, *Vice Presidents*; J. F. Vandervoort, *Recording Secretary*; T. M. Franklin, *Assistant Secretary*; W. C. Roberts, *Domestic Corresponding Secretary*; John G. Adams, *Corresponding Secretary*; J. O. Pond, *Treasurer*; J. F. Cock, *Librarian*.—*Annalist.*

*New York Medical and Surgical Society.*—The anniversary of this Society occurred on the 6th inst., at the house of Dr. Metcalfe, when an oration was delivered by Dr. Pliny Earle, and the following officers elected for the ensuing year:—Dr. William P. Buel, *President*; Dr. Abraham Du Bois, *Vice President*; Dr. J. G. Adams, *Secretary*; Dr. J. T. Metcalfe, *Treasurer*. Present number of members, 23.—*Ibid.*

*Medical Miscellany.*—A sailor is reported to have died in the New York hospital from the effects of chloroform. Dr. Reese's remarks on the subject will be found in to-day's Journal.—An extensive excitement is showing itself at several points here at the north, in regard to hydrophobia. A young lady recently died of the disease in Vermont, who was bitten by a dog in Newton, Mass., a few months ago. A law has been passed by the legislature of Massachusetts, in relation to dogs running at large.—The lectures of the new medical school of Iowa, have been postponed to next November, when the new college edifice is to be in readiness.—No. 2 of Vol. II. of the Dental News Letter, published by Jones, White & McCurdy, Philadelphia, is an excellent specimen of the editor's ability.—It appears that much alarm has existed among the members of the legislature of Michigan, at the new capital called Lansing, in regard to a prolonged sickness there. "The committee appointed by the senate, reported that sixteen persons had died in the city of Lansing and its vicinity, within two and a half months; of these *three* died more than two months ago, *seven* more than a month ago, *six* within the last month, and but *two* of the six within the last week! That there has been 41 cases of sickness within two and a half months, 'generally denominated the congestive fever,' some of which, however, were very slight attacks, so much so, that they should not be considered cases of the disease; all recovered. The committee recommend no further action for 36 hours."—A treatise on Dental Surgery, and on the preservation of the teeth, by C. H. Dubs, of Natchez, Miss., has just appeared.—A new kind of forceps for plugging teeth, seems to be coming into vogue among dental operators.—At Sumter, South Carolina, Miss Magdalen McAuley, being on a visit at the house of a physician, was seized with a violent toothache, in his absence, and resorted to his medicine chest for means of relief. Finding a bottle containing a white powder, which she supposed to be morphine, she swallowed a small quantity of it; but it was strychnine, and caused her death in a few minutes.—The number of students at the present session of the Boston Medical School, according to the Catalogue just issued, is 126.—The deaths by consumption in Boston, during the past week, as will be seen by the report, have been more numerous than common even in the winter season.—The Journal of Health and Practical Educator, a monthly periodical which has been published several years in this city under the editorial management of Dr. Wm. M. Cornell, has been discontinued.

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ERRATUM.—In last Journal, page 520, line 7 from bottom, for "Dr. Hare" read Dr. Starr.

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TO CORRESPONDENTS.—A paper has been received from Dr. Henry J. Bigelow, upon the employment of a new agent in the treatment of Strictures, and will appear in the next number, accompanied with an engraving.

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DIED.—Of phthisis, Dr. George A. Barnes, of Centre Lisle, N. Y., aged 31—a young man of great merit, and an ornament to the profession.—At Wilmington, Delaware, Dr. John Loffland.

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*Report of Deaths in Boston*—for the week ending Jan. 27th, 79.—Males, 39—females, 40.—Of consumption, 19—scarlet fever, 16—lung fever, 5—dropsy on the brain, 5—typhus fever, 3—infantile, 2—cancer, 2—paralysis, 2—diarrhea, 2—measles, 2—accidental, 2—erysipelas, 1—convulsions, 1—hooping cough, 1—disease of the liver, 1—marasmus, 1—child-bed, 1—pleurisy fever, 1—influenza, 1—teething, 1—croup, 1—smallpox, 2—worms, 1—old age, 1—dropsy, 1—slow fever, 1—inflammation of the lungs, 1—bursting of blood vessel, 1—unknown, 1.  
Under 5 years, 27—between 5 and 20 years 11—between 20 and 40 years, 22—between 40 and 60 years, 14—over 60 years, 5.



*Adhesion of a Toe after en'ire Separation.* By L. R. JOHNSON, Cambridge, Ia., Student in Starling Medical College.—The following report of a case of adhesion, after the entire separation of a toe, is perhaps sufficiently interesting to entitle it to a place in your Journal. The recorded instances of similar cases are, I believe, quite rare. Sir Astley Cooper gives but one. The following case, as an additional proof of the possibility of such an occurrence, and perhaps in that light only, may be of some interest to the profession. It is extracted from a letter received a few days since, from Dr. N. Johnson, of Cambridge City, Indiana, who resided, at the time referred to, in Belmont county, Ohio.

"In May, 1836, I was called about three miles in great haste, to see a son of Mrs. Duvall's, who had cut off his toe. Supposing there might be unpleasant hemorrhage, I of course made due haste. When I arrived, I found the old lady holding the parts in apposition. The middle toe was cut off somewhat obliquely. She informed me that the boy, who was from ten to twelve years old, had been chopping some forty or sixty rods from the house when the accident occurred. He came, or was conveyed, to the house, leaving the toe behind. A person was sent back for the part, and when it was brought she placed it in apposition and held it so until I arrived. She was anxious to have it stitched on. I at first objected, but she urged, and I concluded to try the experiment. I connected the parts by three stitches, and applied an adhesive strip, I think, over the end of the toe, extending it to the foot; placing another strip around the place of union so as nearly to envelop the toe. Four days after, I called to see the patient, and found, contrary to my expectation, some degree of adhesion and warmth of the extremity. I directed them to let me know if anything unpleasant should occur, and left. I did not see the toe again for perhaps a year or more, when it made quite a respectable appearance."—*Ohio Medical and Surgical Journal*.

*The Cholera—Theories and Practices.*—On the 24th of October last, a report was read to the Academy of Medicine, Paris, by the secretary, on voluminous communications bearing upon cholera, sent to the Academy by the sanitary physicians in the East. Mr. Rochoux took advantage of this circumstance to deliver a short speech on the subject of cholera, which ran thus:—"I wish to allay the fears of the public with regard to this disease, by administering a gentle admonishing sedative. One thing is perfectly certain—viz., that we are perfectly ignorant of the cause of cholera, and as we do not know the cause, it is quite impossible for us to use adequate means for warding off the disease. I argue from these facts that we ought to make ourselves quite comfortable and easy, and not allow the threatened arrival of the epidemic to disturb our sleep." (Here the habitual seriousness of that learned body broke out into a general convulsive laughter.)—Another facetious suggestion has been offered to the Academy of Sciences by Dr. Landerer, Prof. of Chemistry, who, being accidentally in Smyrna during the cholera, noticed the manner in which the Jews treated their sick. The first thing was to apply, from the chest to the abdomen, a large plaster of black pepper and mustard; an attendant then kneels on the chest and umbilical region of the patient, to arrest the blood in the veins! The hands and feet are rubbed with a mixture of common salt and spirits of wine, and from the beginning, draughts are administered, prepared with the juice of the citrus de cumana, &c. This is curing the cholera by giving the patient the night-mare.—*London Lancet*.



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